

[Insert Company Name]

Member Handbook

***[Insert company name]*'s Medicare-approved Drug Discount Card**

This Handbook explains details about your prescription drug coverage as a Member of *[insert company name]*.

For help or more information, please call *[insert company name]*'s Member Services at 1-XXX-XXXX, Monday – Friday, 8:00 am to 4:30 pm. (TTY Users should call 1-XXX-XXXX.)

[insert company name]'s Member Handbook is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

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[Insert company name]

Prescription Drug Discount Card Program
Member Handbook

Welcome to *[insert company name]*!

We are pleased that you've chosen *[insert company name]*'s Drug Discount Card.

[Insert company name] is a Medicare-approved Prescription Drug Discount Card for people with Medicare. This means Medicare has approved our drug discount card program. Although our drug discount card is approved by Medicare, it is separate from the Medicare program.

[Insert company name]'s Drug Discount Card isn't intended to replace any prescription drug benefits that you receive through any insurance plans, including a [Medicare Managed Care plan](#), a [Medigap policy](#) (Medicare Supplement Insurance), or an employer or retiree plan.

The discount prices you will get on your prescription drugs when you use *[insert company name]*'s drug discount card will not replace any prescription drug coverage you may be receiving under your current health insurance.

This booklet explains how to get savings on your prescription drugs through *[insert company name]*. It provides a description of the *[insert company name]* Drug Discount Card and your rights and responsibilities as a member of *[insert company name]*. It also explains our responsibilities to you. The information in this booklet is in effect from *[insert effective date]* through December 31, 2004.

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Detailed Description of the Drug Discount Card

The *[insert company name]* Medicare-approved Drug Discount Card is designed to help you save money on the cost of the prescriptions you have filled at local retail *[or mail order]* pharmacies in our network. When using our drug discount card at one of *[insert company name]*'s network pharmacies, you will be entitled to either *[insert company name]*'s negotiated low rate or the pharmacy's usual and customary price, whichever is lower.

As a member of *[insert company name]*'s Drug Discount Card program, you will receive a Drug Discount Membership Card. You will show this card to your pharmacist when you drop off your prescriptions at one of *[insert company name]*'s network pharmacies. Your *[insert company name]* Drug Discount Membership Card allows you to get instant savings when you pick up your prescription. If your membership card is ever damaged or lost, please call Member Services to get a new card at: 1-800-XXX-XXXX; TTY Users should call 1-877-XXX-XXXX.)

Up to \$600 Credit to Help Pay for your Prescription Drugs

In addition to the Discount Card, if you meet specific income requirements you may be able to get a credit of up to \$600 a year from Medicare to help pay for prescriptions obtained using your drug card. (*Please note:* This credit is *not* meant to be a replacement of any current prescription coverage you may have. Thus, you should not drop your current drug coverage if you qualify for this \$600 credit).

How to Qualify for the up to \$600 Credit

To qualify for the \$600 credit:

- You must have Medicare Part A and/or Part B;
- You don't have other health insurance with any prescription drug coverage (except a Medicare Managed Care Plan or a Medigap policy); and

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- Your income is \$12,123 or less if you are single or \$16,362 or less if you are married (this includes your income and spouse's income).

Once you are determined eligible for the \$600 credit, you will be considered eligible for the credit for as long as the drug card program exists, (on 12/31/2005 or to the end of the program which ever is earlier) *unless* you are found to have provided fraudulent information on your enrollment form *or* you leave *[insert company name]* and are not considered eligible to enroll in another discount card (see the "Your Membership in *[insert company name]*" section below for more information on how your \$600 credit will be used).

If you qualify for the \$600 credit, Medicare will also pay the annual enrollment fee for your drug discount card.

Using the \$600 Credit

The \$600 credit can only be used at one of *[insert company name]*'s network pharmacies. *[Insert company name]* will manage this credit for you. Every time you get a prescription filled using your discount card, you can request that the retail pharmacy tell you how much money remains from the credit. You can also call *[insert company name]* Member Services to get this information at: 1-800-XXX-XXXX; TTY Users should call 1-877-XXX-XXXX.)

As long as you remain a member of *[insert company name]*, any portion of the \$600 credit you do not use during 2004 will be available to you in 2005. (For example, if you have \$90 remaining as of December 31, 2004, you will be able to add that amount to the next year's account. This means in 2005 you would have a total of \$690 available.)

As long as any amount remains from the \$600 credit, you will be required to pay a certain percentage of the cost of your prescription drugs. The amount you pay will depend on your annual income level. For example, if you are *single* and your annual income¹ for 2003 is *\$12,123 or less* or if you are

¹ Income includes retirement and disability benefits and supplemental security income, including benefits you receive from Social Security, the Veterans Administration,

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married and your annual income (plus your spouse's income) is \$16,362 or less, you will pay 10% of the cost of your drugs. If you are *single* and your annual income is \$8,980 or less or if you are *married* and your annual income (plus your spouse's) is \$12,120 or less, you will pay 5% of the cost of your drugs.

Finally, you will be able to use the \$600 credit to pay for *any* drugs listed on *[insert company name]*'s [discount drug list](#). You can also use this money on certain drugs *not* on *[insert company name]*'s [discount drug list](#). For a list of these drugs, please call *[insert company name]* Member Services: 1-800-XXX-XXXX; TTY Users should call 1-877-XXX-XXXX.)

Applying for the \$600 Credit

To apply for the \$600 credit, you will need to fill out an additional form provided by *[insert company name]*, similar to the enrollment form you used when applying for *[insert company name]*'s drug discount card. The additional form asks questions about your current health care coverage and your income level. If you have additional questions or would like to learn more about applying for the \$600 credit, you can call *[insert company name]* Member Services at 1-800-XXX-XXXX (TTY users should call 1-800-XXX-XXXX) or you can call Medicare at 1-800-MEDICARE (1800-633-4227) for more information. (TTY users should call 1-877-486-2048.)

Railroad Retirement Program, and Federal and state pensions, plus any other sources of the type that you would include in your adjusted gross income for tax purposes.

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[Insert company name]'s Network of Pharmacies

In order to get a discount through *[insert company name]*, or to use any of the \$600 credit if you qualify you must fill your prescriptions at a *[insert company name]* **network pharmacy**. A network pharmacy is a pharmacy where drugs can be purchased by members of *[insert company name]* at a discounted price. As a member of *[insert company name]*, you are able to use your discount drug card at *any* network pharmacy, even if the pharmacy is not located in your geographic area.

[Insert company name] will mail you a list of network pharmacies in your local area. You can also request *[insert company name]* to mail you a list of *[insert company name]*'s entire network of pharmacies in all areas. [*Card Sponsor: you can also include a description of your service area nationwide.*] In order to get the instant savings when you pick up your prescription, you must use one of the pharmacies in *[insert company name]*'s network.

If you are an American Indian/Native American and you use a pharmacy owned or operated by the Indian Health Service, tribes and tribal organizations, or urban Indian organizations that is not on *[insert company name]*'s list of network pharmacies, you should call us at *[insert number]* (TTY Users should call our customer service department at *[insert number]*). You can also call Medicare at 1-800 MEDICARE (1-800-633-4227) to get more information. TTY Users should call 1-877-486-2048.

Also, if you are a resident in a skilled nursing facility or other nursing facility, you should call us at *[insert number]* (TTY Users should call *[insert number]*) to get more information. If you live in an assisted living facility, you should speak with a representative of the facility about whether and how you can use the card to receive discounts.

Filling Prescriptions When Traveling

When traveling, you will only be able to use your *[insert company name]* Drug Discount Card at a network pharmacy in order to get your

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prescriptions at the discount prices. If you qualify for the \$600 credit, you will only be able to use this credit at network pharmacies.

If you fill your prescription at a pharmacy that is not in *[insert company name]*'s network, you will not be able to use your *[insert company name]* Drug Discount Card to obtain a discount on your prescription.

Before traveling, it is always a good idea to plan ahead and carry an adequate supply of your prescriptions. You can also call *[insert company name]*'s Member Services to find out if there are network pharmacies in the location to which you are traveling. (*[Insert company name]* Member Services: 1-800-XXX-XXXX; TTY Users should call 1-877-XXX-XXXX.)

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[Insert company name]'s Discount Drug List

[Insert company name] will provide you a printed list of the top 100 prescription drugs used by people with Medicare that *[insert company name]* will discount on their [Discount Drug List](#). The discount drug list includes the drugs that *[insert company name]* will discount and their proper dosage. Information on other prescriptions available at discount prices with the *[insert company name]* card can be found on *[insert company name]*'s website or by calling member services at 1-800-XXX-XXXX.

The Discount Drug List is divided into two sections: [Brand name](#) and [Generic](#) drugs. Brand-name drugs are drugs that are produced and sold under the names created by the companies that manufacture them. Generic drugs are produced and sold under their chemical names, rather than under the names created by the companies that manufacture them. Some generic drugs may be identical to equivalent brand name drugs and usually costs less.

[Insert company name]'s network pharmacies must inform you of the difference in price between a brand name prescription drug and a lower-priced generic equivalent, if available. If the prescription drug your doctor prescribes is not on the Discount Drug List, you will pay the retail pharmacy's full price. You should share the Discount Drug List with your physician so he/she can determine if there may be another drug on the Discount Drug List that may be more effective for your condition.

Note: Prescription drugs on the Discount Drug List and their prices may change. To make sure that you have the most recent listing of prescription drugs and pricing, you may call *[insert company name]* at 1-800-XXX-XXXX.

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Annual Enrollment Fee

When you enrolled in *[insert company name]*, you were required to pay an annual enrollment fee of \$*[insert enrollment fee]*. You MAY be required to pay an enrollment fee, of up to \$30, for use of the card in 2005. *[Insert company name]* will notify you later this year about whether you will be required to pay an enrollment fee for 2005 and how much the fee will be.

If you qualify and receive the \$600 credit to help pay for your prescription drugs, Medicare will pay your annual enrollment fee for you.

Note: If you fail to pay your annual enrollment fee, *[insert company name]* has the right to disenroll you from *[insert company name]*'s discount card.

Discount Prices on Prescription Drugs

The amount you pay when you pick up your prescription will vary according to the prescription drug. You will usually pay a lower price when you receive a generic drug, and your pharmacist is required to tell you if there is a price difference between a brand name drug and the equivalent generic drug.

Remember, if your prescription drug is not listed on *[insert company name]*'s Discount Drug List, or if you go to a pharmacy that is not on *[insert company name]*'s list of network pharmacies, you will not be able to use your *[insert company name]* Drug Discount Card to obtain a discount on your prescription.

However, while you will not be able use your discount card to obtain a discount on prescriptions that are not listed on the Discount Drug List, you may still be able to use the \$600 credit towards the purchase of those prescriptions at a network pharmacy. In other words, for those members who are eligible for the \$600 credit, you can use this credit for certain drugs *not* on *[insert company name]*'s discount drug list. For a list of these drugs, please call *[insert company name]* Member Services. (*[Insert company*

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name] Member Services: 1-800-XXX-XXXX; TTY Users should call 1-877-XXX-XXXX.)

Mail Order Service *[Card Sponsor, include if applicable]*

You may save money if you fill your prescription through *[insert company name]*'s Mail Order Service. The price you pay for the drug through our Mail Order Service typically is less than the price you pay when you pick up your prescription at one of *[insert company name]*'s network pharmacies. *[Card sponsor: add the following two sentences if you require a larger supply from mail order: However, you have to order a larger supply if you fill your prescription through the Mail Order Service. For example, you have to fill a prescription that will last you at least [fill in # weeks/ months] when you use the Mail Order Service.]*

Please note that prescription drug prices tend to change over time. As a *[insert company name]* Drug Discount Card member, you will get *[insert company name]*'s negotiated discount price or the pharmacy's usual price; whichever is *lowest*, for those prescription drugs included on our Discount Drug List.

You can also find information on Medicare's Price Comparison Web site *[insert website address]* to see the negotiated prices for specific prescription drugs offered by *[insert company name]* at each of their network pharmacies as compared to other Medicare-approved drug discount cards.

Note: Discount prices on prescription drugs may vary by pharmacy as well by geographic location. You can contact *[insert company name]* Member Services at USA at 1-800-XXX-XXXX for additional information on pricing by pharmacy locations or visit Medicare's Price Comparison Web site *[insert website address]*.

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Your Membership in *[insert company name]*

You will be able to get discount prices on your prescription drugs obtained from *[insert company name]* network pharmacies for as long as you remain enrolled in the *[insert company name]*'s Drug Discount Card. If you meet certain income requirements, you will also get a credit of up to \$600 a year to help pay for your prescriptions.

Your membership in *[insert company name]*'s Drug Discount Card is effective from the date of your enrollment until the effective date of your enrollment in the [Medicare prescription drug benefit](#), which will be available in 2006. If you do not enroll in the Medicare prescription drug benefit, your membership in *[insert company name]* will be effective until the last day on which you could have enrolled. It is anticipated that you may enroll in the Medicare prescription drug benefit as early as January 1, 2006.

*Note: – If you are a member of a Managed Care Plan, your plan may offer a discount card. If your Managed Care Plan offers a discount card, you will automatically be enrolled in that discount card unless you decide you do not want to enroll. If you do not want to be in your Managed Care Plan's discount card program, you must call their Customer Service Department. You will *not* be eligible to enroll in a different Medicare Approved discount card program from another company if you decide not participate in this plan. Call your Managed Care Plan's Customer Service Department for more information.*

As a member of *[insert company name]*, you can't be enrolled in any other Medicare-approved drug discount card. You can only be enrolled in one Medicare-approved drug discount card at a time. You may be enrolled in other drug discount cards that aren't Medicare-approved. To find out which drug discount cards are Medicare-approved or for more information, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-1-877-486-2048. You can also visit www.medicare.gov on the web and select "Prescription Drug and Other Assistance Programs."

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Disenrolling from [Insert company name]

You may disenroll from (leave) *[insert company name]*'s Drug Discount Card at any time. To disenroll, send us a letter by mail or email telling us why you are leaving.

However, there are certain restrictions on when you can enroll in a new Medicare-approved Drug Discount Card Program. See the next section, *Enrolling in a New Discount Card*, for more information.

Enrolling in a New Discount Card

Annual Coordinated Election Period

If you wish to enroll in another Medicare-approved drug discount card, you may do so during the [Annual Coordinated Election Period](#), which takes place from **November 15 through December 31, 2004**. If you choose to enroll in a new Medicare-approved Drug Discount Card during this time, the effective date of your disenrollment from *[insert company name]*'s Drug Discount Card and enrollment in your new Medicare-approved discount drug card will be **January 1, 2005**. Any of the \$600 credit remaining when you disenroll from *[insert company name]*'s Drug Discount Card will follow you to your new Medicare-approved drug discount card and may be used toward the cost of prescription drugs obtained using your new drug discount card. In addition, if you are receiving the up to \$600 credit, Medicare will pay any annual enrollment fee charged by your new drug discount card.

Special Election Period

If you disenroll from *[insert company name]*'s Drug Discount Card at any other time for one of the **special reasons** listed below, you will be given a [Special Election Period](#) and will be allowed to enroll in another Medicare-approved discount card at any time until the program ends (until December 31, 2005).

You will only be given this Special Election Period **only if**:

- You move out of the *[insert company name]* service area,

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- You enter or leave a skilled nursing facility (like a nursing home),
- You enroll in, or disenroll from, a Medicare Managed Care plan who offers a Medicare Approved card, or
- *[Insert company name]* stops offering this discount card.

If one of these situations applies to you, you can enroll in a new Medicare-approved drug discount card anytime until the program ends (or, until December 31, 2005).

You may be charged a new annual enrollment fee for the new drug discount card when you join. Any amount from the \$600 credit available to you when you disenroll from the *[insert company name]*'s Drug Discount Card will follow you to your new Medicare-approved drug discount card and may be used toward the cost of prescription drugs obtained using your new drug discount card. In addition, if you receive the up to \$600 credit, Medicare will pay any annual enrollment fee charged by your new drug discount card.

For example, if you move outside [Insert company name]'s service area and would like to enroll in a new discount card program, you must request a Special Election Period from [insert company name]'s discount card and disenroll accordingly. You will then be able to enroll in a new discount card program whose service area includes your new address.

Penalties for Disenrolling Outside of the Annual Coordinated Election Period or a Special Election Period

If you enroll in a Medicare managed care plan that offers a Medicare-approved drug discount card exclusively to its plan members, you will no longer be eligible for and will be automatically disenrolled from *[insert company name]*'s drug discount card. Following your disenrollment, [add effective disenrollment date] you will be eligible for a Special Election Period during which you may enroll in the Medicare-approved drug discount card offered by your new Medicare managed care plan. As a member of the Medicare managed care plan, you will automatically be enrolled in that discount card unless you decide you do not want to enroll. If you choose not to enroll in your Medicare managed care plan's discount card, you will not

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be eligible to enroll in a different Medicare Approved discount card program. Contact the member services department of the Medicare managed care plan for more information.

If you disenroll from [insert company name]'s Drug Discount Card other than during the Annual Coordinated Election Period and you do not qualify for a Special Election Period, you will be deemed to have disenrolled from the entire Medicare-approved prescription drug discount card program and will lose any unused balance remaining from your \$600 credit.

Re-applying for a New Discount Card

If you disenroll during 2004 and wish to enroll in another Medicare-approved drug discount card for 2005, you will be required to ***re-apply*** for the entire program by completing a new enrollment form. If you think you are also eligible to receive the up to \$600 credit, you must apply or re-apply for the credit. If you join a new drug discount card, you may also be required to pay a new annual enrollment fee.

If you re-apply and are considered eligible for a Medicare-approved drug discount card, the earliest effective date of your enrollment in that card (and receipt of any of the \$600 credit) will be January 1, 2005. Also, if you re-apply for the up to \$600 credit later than 3/31/05, the credit for the year 2005 will be prorated. For example:

If you are deemed eligible for the up to \$600 Credit:	You will receive:
between January 1-March 31, 2005	a \$600 credit to help pay for your prescription drugs.
between April 1-June 30, 2005	a \$450 credit to help pay for your prescription drugs.
between July 1-September 30, 2005	a \$300 credit to help pay for your prescription drugs.
between October 1-December 31, 2005	a \$150 credit to help pay for your prescription drugs.

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Note: If you disenroll during 2005, and are not eligible for a special enrollment period, you will be *ineligible* for the *entire program* and the \$600 credit and may NOT enroll in another Medicare-approved drug discount card.

[Card sponsor should include a description of any circumstances and special procedures that relate to potential \$600 credit enrollees' liabilities stemming from procedures endorsed sponsors have in place to manage the credit against an enrollee's cap or credit balance transfer to a newly elected endorsed program.]

[Insert company name]'s Service Area

[Insert company name]'s service area includes: [Card Sponsor must provide a description of the Card Program's service area].

To be a member of *[insert company name]'s* discount card, you must be a resident of one of the states in *[insert company name]'s* service area *[the states of XX]*. If you change your address to a location outside *[insert company name]'s* service area during the year and wish to enroll in a new Medicare-approved drug discount card, you must qualify for a **Special Election Period** and disenroll accordingly, or wait for the next **Annual Coordinated Election Period**. If you disenroll outside of an Annual Coordinated Election Period or Special Election Period, your disenrollment will be associated with penalties described on page [XX].

Note: If you plan to change your residence during the year, you should consider enrolling in a Medicare-approved drug discount card with a national service area.

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Other Services from *[insert company name]*

[Card sponsor must provide information about any products and services that it includes under its drug discount card program. The products and services must be related to the covered discount card drugs and provided without an additional fee. Some of these products and services are required by the drug card statutory provisions, such as providing information on programs designed to reduce medical errors and adverse drug interactions. Others may be unique to the sponsor's program offering, such as providing disease specific information to members who take certain drugs, or providing for free certain supplies or durable medical equipment.]

[The above discussion must include what is the item or service, that it is for free, what is its benefit to the member, how the member can get more information about and access the item or service, and what, if any, limitations there are to accessing the item or service.]

[Also, card sponsors may want to provide information and outreach on discounts available under the endorsement for over-the-counter drugs, if the card sponsor makes such discounts available.]

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What to do if you have Problems or Complaints

If, at any time, you have concerns or problems related to *[insert company name]*'s drug discount program, you have the right to make a “[grievance](#)” or a complaint. A grievance is a complaint or dispute about the way we are serving you.

For example, you may file a grievance if:

- You have a problem calling *[insert company name]*.
- You are unhappy with the service from *[insert company name]* or at the network pharmacy where you filled your prescription.
- One of *[insert company name]*'s network pharmacies fails to sell you a prescription drug at or below the advertised price. Please note, however, prescription drugs on the Discount Drug List and their prices may change. To make sure that you have the most recent listing of prescription drugs and pricing, you may call *[insert company name]* at 1-800-XXX-XXXX.
- One of *[insert company name]*'s network pharmacies will not apply the balance of your \$600 credit or fails to inform you of the amount remaining from the \$600 credit.
- One of the network pharmacies does not charge you the lower of the negotiated price or usual or customary price.
- One of the network pharmacies fails to inform you of the difference in price between your prescription drug and a lower-priced generic equivalent, if available.

For more information about complaints or grievances, you can call *[insert company name]* Member Services at 1-800-XXX-XXX (TTY Users should call 1-877-XXX-XXXX), Monday – Friday, 8:00 am to 4:30 pm.

Or, contact us in writing at:

[insert company name] Customer Service Department
[insert address]

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[1-800-XXX-XXXX]

Or by email at: *[insert address]*

You can also contact Medicare at:

1-800-MEDICARE (1-800-633-4227); TTY Users should call 1-877-486-2048.

If you make a complaint, we must be fair (unprejudiced and unbiased) in how we handle it. We can't treat you unfairly (discriminate against you) or treat you because you made a complaint.

You Can Help Protect Yourself and Medicare from Fraud

If you believe you were not charged the correct price for a prescription drug, or if you believe your up to \$600 credit was applied toward a prescription you never obtained, you should contact the pharmacist and/or *[insert company name]*'s customer services department about your concerns. If you are not satisfied after speaking with the pharmacist and/or *[insert company name]* and suspect fraud, you should contact the Office of Inspector General for the Department of Health and Human Services Inspector, which investigates health care fraud.

Use this three-step approach if you suspect fraud:

1. Call your pharmacist.
2. Contact *[insert company name]*'s Customer Service Department.
3. Call the Inspector General's hotline 1-800-HHS-TIPS (1-800-447-8477).

Frequently Asked Questions

What is [Insert company name]'s Prescription Drug Discount Card?

Medicare is now contracting with private companies to offer new voluntary discount cards. *[Insert company name]*'s Prescription Drug Discount Card is a Medicare-approved Drug Discount Card that helps you save money on some prescriptions when you fill those prescriptions at network pharmacies.

Who is eligible for the Prescription Drug Discount Card?

To get a Medicare-approved prescription drug discount card:

- You must have Medicare Part A or Medicare Part B; and
- You can't have outpatient prescription drug coverage under **Medicaid** (sometimes called Medical Assistance).

Who is eligible for the up to \$600 Credit per year from Medicare to help pay for prescription drugs?

If you meet specific income requirements you may be able to get a credit of up to \$600 a year from Medicare to help pay for prescriptions obtained using your drug card.

To qualify for the \$600 credit:

- You must have Medicare Part A and/or Part B;
- You don't have other health insurance with any prescription drug coverage (except a Medicare Managed Care Plan or a Medigap policy); and
- Your income is \$12,123 or less if you are single or \$16,362 or less if you are married (this includes your income and spouse's income).

For more information on the eligibility criteria for this card or the \$600 credit, call *[Insert company name] Member Services at 1-XXX-XXXX* or *Medicare at 1-800-MEDICARE (1-800-633-4227)*.

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Will I save on all of my prescription drugs with [Insert company name]'s Drug Discount Card?

[Insert company name] will provide you with a Discount Drug List. That list shows you the top 100 prescription drugs that are used by people with Medicare and their prices. For a complete list of drugs covered in this program, call *[insert company name]* Member Services at 1-800-XXX-XXXX. (See page *[XX]* for more information).

How will I know if the Discount Drug List or the Prices change?

If you have questions regarding discounted drugs and prices please call our customer service number for more detail. Please note: all drug prices provided in this program have a date indicating when they last changed and when they can change again. For a complete list of drugs covered in this program and their current prices, call *[insert company name]* Member Services at 1-800-XXX-XXXX. *[Card sponsors should consider also referencing any web site which may include the discount drug list and their negotiated prices as well as any information on CMS's price comparison website]*

What if my doctor changes my prescription(s) after I sign up?

If your doctor prescribes a drug that isn't on *[insert company name]*'s Discount Drug List, or, if your doctor changes your prescription(s) after you sign up, you should share the Discount Drug List with your doctor to see if he/she can determine if there may be another drug on the Discount Drug List that may also be effective for your condition.

Can I go to any Pharmacy?

In order to get discount prices through *[insert company name]*, or to use any of the \$600 credit you may qualify for, you must fill your prescriptions at a *[insert company name]* network pharmacy. *[insert company name]* will mail you a list of network pharmacies in your area (based on your zip code or county) where you can receive discount prices. (See page *[XX]* for more information).

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Can I leave [Insert company name] and switch to another Drug Discount Card?

You may disenroll from (leave) *[insert company name]*'s Drug Discount Card at any time. To disenroll, send us a letter by mail or email telling us why you are leaving. Depending on your reason for disenrolling, you may not be able to enroll in a new drug discount card right away. If you have been determined eligible for the up to \$600 credit from Medicare to help pay for your prescriptions, you may also lose any of the remaining money you may have from this amount. (See page *[XX]* for more information).

What if I have a complaint about [Insert company name]?

If you have concerns or problems related to *[insert company name]*'s Drug Discount Card, or you are unhappy with the service from *[insert company name]*, you can file a complaint or grievance by calling *[insert company name]* Member Services Department at 1-800-XXX-XXXX; TTY users should call 1-877-XXX-XXXX, Monday – Friday, 8:00 am to 4:30 pm. You can also call Medicare at: 1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048. (See page *[XX]* for more information)

What should I do if I need a prescription filled in an emergency?

If you need to have a prescription filled in an emergency situation, please be sure to keep a receipt of the prescription. As soon as you are able, you should call member services for more information.

[Insert company name]

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For More Information

For help or more information about the *[insert company name]* Prescription Drug Discount Card, please call ***[insert company name]* Member Services** at 1-800-XXX-XXXX (TTY Users should call 1-877-XXX-XXXX), Monday – Friday, 8:00 am to 4:30 pm.

Or, write to us at:

[insert company name] Customer Service Department
[insert address]

Or, send an email to:
[insert e-mail address]

Or, check out our website at:
[insert web address]

You can also call **Medicare** at:

1-800-MEDICARE (1-800-633-4227)
TTY users should call 1-877-486-2048

Or, look at www.medicare.gov on the web. (Select “Prescription Drug and Other Assistance Programs.”)

Glossary

Annual Coordinated Election Period – The period from November 15-December 31, 2004 during which you may switch from one Medicare-approved drug discount card to another Medicare-approved drug discount card, with any such change effective January 1, 2005.

Brand Name Drugs – Brand name drugs are drugs that are produced and sold under the names created by the companies that manufacture them.

Medicare-approved Drug Discount Cards – Medicare-approved drug discount cards offered by *[insert company name]* or other entities to help people with Medicare save money on their prescription drugs. These drug discount cards are not offered by the Medicare program but by private companies whose drug discount cards have been approved by Medicare.

Discount Drug List – The discount drug list includes the drugs that *[insert company name]* will discount and their proper dosage. *[Insert company name]* will provide you a printed list of the top 100 prescription drugs used by people with Medicare that *[insert company name]* will discount. For a complete list of all drugs and their prices, contact *[insert company name]* Member Services at 1-800-XXX-XXXX.

Generic Drugs – A prescription drug that has the same active ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rates by the Food and Drug Administration (FDA) to be as safe and effective as brand name drugs.

Grievance – A complaint you may have about *[insert company name]*'s Drug Discount Card or the way our network pharmacies are serving you.

Medicaid - A joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

[Insert company name]

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Medicare Managed Care Plan – A Medicare+Choice plan or Medicare cost plan that is available in some areas of the country. In most managed care plans, you can only go to doctors, specialists, or hospitals on the plan’s list or network. Some plans must cover extras, like prescription drugs. Your costs may be lower than in the Original Medicare Plan.

Medicare prescription drug benefit – In 2006, Medicare will be offering a prescription drug benefit as part of the Medicare program. Until 2006, *[insert company name]* and other private companies are offering drug discount cards that have been approved by Medicare. In 2006, the Medicare prescription drug benefit will replace the Medicare-approved drug discount cards.

Medigap Policy – A Medicare supplement insurance policy sold by private insurance companies to fill in “gaps” in Original Medicare Plan coverage. Except in Massachusetts, Minnesota, and Wisconsin, there are ten standardized plans labeled Plan A through Plan J. Medigap policies only work with the Original Medicare Plan.

Network Pharmacy – A network pharmacy is a pharmacy under contract with *[insert company name]* where certain drugs can be purchased at a discount using *[insert company name]*’s Drug Discount Card. Discount card members who also qualify for the up to \$600 credit can only use that credit at a network pharmacy.

Special Election Period – If you disenroll from *[insert company name]*’s Drug Discount Card for one of the special reasons listed below, you will be given a Special Election Period and will be allowed to enroll in another Medicare-approved discount card anytime until the program ends. (December 31, 2005).

You will only be given this Special Election Period **only if**:

- You move out of the *[insert company name]* service area,
- You enter or leave a skilled nursing facility (like a nursing home),
- You enroll in, or disenroll from, a Medicare Managed Care plan, or
- *[insert company name]* stops offering this discount card